



## MEDICAL POLICY No. 91594-R2

### MEDICAL MANAGEMENT OF OBESITY

Effective Date: February 21, 2024

Review Dates: 8/11, 12/11, 2/12, 2/13, 2/14, 2/15,  
2/16, 2/17, 2/18, 2/19, 2/20, 2/21, 2/22, 2/23, 2/24

Date Of Origin: August 10, 2011

Status: Current

*Note: This medical policy does not apply to Priority Health Medicare members. Medicare claim billing and processing must follow CMS guidelines for coverage.*

#### Summary of Changes

Deletion: I.C.1: Removed statement – “Priority Health Medicaid and Commercial Individual products require compliance with a medical weight management program for a minimum continuous duration of 12 months and at least 12 office visits.”

#### I. POLICY/CRITERIA

##### A. Criteria

A physician-provided, medical obesity management program may be considered medically necessary when all of the following criteria are met:

1. Age  $\geq$  16 years
2. BMI  $\geq$  30\*
3. An Intake assessment shows that patient is in the contemplation or action phase of readiness to change.

\*BMI is based upon measurement of height and weight within one month of beginning a medical weight management program.

##### B. Provider qualifications

Medical management of obesity may be provided by:

1. A credentialed physician with a declared interest in the management of obesity,
2. The member's primary care physician (PCP) or
3. Another managing physician.

##### C. Medical obesity management program requirements

The medical weight management program must include all the following:

1. Documentation demonstrating active participation compliance for a minimum continuous duration of 6 months\* with at least 6 office visits including both a diet and an exercise component.
2. Evidence that any weight-related conditions (i.e., diabetes, hypertension and hyperlipidemia) are being addressed.
3. Thorough progress notes and records that include the following regarding the obesity problem at each visit:
  - i. An actual measured weight and calculated BMI
  - ii. The patient's history
  - iii. The physical findings
  - iv. The physician's assessment
  - v. The physician's treatment recommendation(s)/plan(s).

**D. Examples of forms**

The following forms demonstrate the required documentation and may be used in conjunction with the medical record to document the physician supervised weight management program. Click on any form listed below to view.

[Intake Form](#)

[Weight Reduction Plan](#)

[Monthly Assessment Form](#)

[Program Completion Form](#)

**E. Documentation which is considered insufficient**

1. A physician's summary letter of care alone is insufficient documentation.
2. Past weight loss attempts without physician supervision through such programs as Weight Watchers, Curves, personal trainers, etc. are insufficient to meet the criteria above.
3. Detailed records of participation and progress in a nutrition and exercise program supervised by a physician other than the PCP (e.g. Medifast, HMR, Optifast etc.), may be submitted for review to **supplement** the PCP or managing physician's records. The Medical Director will review each such case on an individualized basis to determine compliance with this policy section.

**F. Covered services according to individual plan benefits may include the following:**

1. General office visits
  2. Physician and non-physician lead group sessions
  3. Dietician services
  4. Behavioral health services provided by participating behavioral health providers
- G. Non-covered components of medical treatment program include, but are not limited to, the following:
1. Food or food supplements
  2. Exercise equipment and programs
  3. Educational materials (e.g. literature, DVDs, etc.)
- H. Specific group benefit plans may limit or exclude coverage for the medical treatment of obesity. Coverage for medical programs is limited by applicable copays, coinsurance and deductibles.

## **II. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

## **III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: <http://www.michigan.gov/mdch/0,1607,7->*

[132-2945 42542 42543 42546 42551-159815--00.html](#). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

#### **IV. DESCRIPTION**

Each benefit plan or contract defines which services are covered, which are excluded, and which are subject to other limits. Members and their providers will need to consult the member's benefit plan or contract to determine if there are any exclusions or other benefit limitations applicable to this service.

Medical management for obesity may be a covered benefit for the indications described above. The treatment of co-morbidities (e.g. diabetes mellitus, hypertension) associated with obesity is a covered benefit in accordance with the limitations and language in the coverage documents. It is Priority Health's position that co-morbidities that are related to an obesity diagnosis should be treated medically, and if such co-morbidities can be controlled by less invasive means than bariatric surgery, bariatric surgery is not the preferred treatment. The treatment of co-morbidities (e.g. diabetes mellitus, hypertension) associated with obesity is a covered benefit in accordance with the limitations and language in the coverage documents.

#### **V. CODING INFORMATION**

**ICD-10 Codes** that may apply:

E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.8	Other obesity
E66.9	Obesity, unspecified

*The following codes may be reported as secondary Dx only -*

Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult

Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

**CPT/HCPCS Codes:**

99202- 99215	Outpatient Evaluation and Management visits
99242- 99245	Outpatient consultation ( <i>not billable for Priority Medicare</i> )
99401 - 99404	Preventive medicine counseling and/or risk factor reduction intervention(s), individual (separate procedure); ( <i>Not Covered for Medicare</i> )
99411 - 99412	Preventive medicine counseling and/or risk factor reduction intervention(s), group setting (separate procedure); ( <i>Not Covered for Medicaid or Medicare</i> )
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
G0447	Face-to-face behavioral counseling for obesity, 15 minutes ( <i>Not Covered for Medicaid</i> )
S9449	Weight management classes, nonphysician provider, per session ( <i>Not Covered for Medicare</i> )
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

**Not Covered:**

99071	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
S9451	Exercise classes, nonphysician provider, per session
S9452	Nutrition classes, nonphysician provider, per session

**Not covered for commercial or Medicaid plans:**

G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
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**BODY MASS INDEX (BMI) CHART**

Height Weight	4'8"	4'10"	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"	6'4"
150	34	31	29	27	26	24	23	22	20	19	18
160	36	33	31	29	27	26	24	23	22	21	19
170	38	36	33	31	29	27	26	24	23	22	21
180	40	38	35	33	31	29	27	26	24	23	22
190	43	40	37	35	33	31	29	27	26	24	23
200	45	42	39	37	34	32	30	29	27	26	24
210	47	44	41	38	36	34	32	30	28	27	26
220	49	46	43	40	38	36	33	32	30	28	27
230	52	48	45	42	39	37	35	33	31	30	28
240	54	50	47	44	41	39	36	34	33	31	29
250	56	52	49	46	43	40	38	36	34	32	30
260	58	54	51	48	45	42	40	37	35	33	32
270	61	56	53	49	46	44	41	39	37	35	33
280	63	59	55	51	48	45	43	40	38	36	34
290	65	61	57	53	50	47	44	42	39	37	35
300	67	63	59	55	51	48	46	43	41	39	37
310	69	65	61	57	53	50	47	44	42	40	38
320	72	67	62	59	55	52	49	46	43	41	39
330	74	69	64	60	57	53	50	47	45	42	40
340	76	71	66	62	58	55	52	49	46	44	41
350	78	73	68	64	60	56	53	50	47	45	43
360	81	75	70	66	62	58	55	52	49	46	44
370	83	77	72	68	64	60	56	53	50	48	45
380	85	79	74	69	65	61	58	55	52	49	46
390	87	82	76	71	67	63	59	56	53	50	47
400	90	84	78	73	69	65	61	57	54	51	49

	Normal	Overweight	Obesity (Class I)	Obesity (Class II)	Extreme Obesity
BMI	19-24	25-29	30-34	35-39	40-45

BMI, a weight and height ratio, is often used to diagnose obesity by approximating body fat level. The National Institutes of Health and the World Health Organization have determined that a healthy BMI is between 18.6 and 24.9. BMI between 25.0 and 29.9 indicates an individual is overweight and a BMI greater than 30 indicates obesity.

Among children and adolescents, the Centers for Disease Control and Prevention (CDC) use the term "overweight" if the child is  $\geq 85^{\text{th}}$  percentile of BMI and "obese" as the group  $\geq 95^{\text{th}}$  percentile of BMI.

To calculate BMI: BMI = Weight (kilogram) divided by Height (meter) squared  $[(w/h^2) \text{ or } (kg/m^2)]$

Note: To convert pounds to kilograms, multiply pounds by 0.45. To convert inches to meters, multiply inches by 0.0254.

## **VI. REFERENCES**

1. Erlandson M, Ivey LC, Seikel K. **Update on Office-Based Strategies for the Management of Obesity.** *Am Fam Physician.* 2016;94(5):361-368.

### **AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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